ļ_

	Patent and Trademark Office; U.S.	
Under the Paperwork Reduction Act of 1995, no persons a valid OMB control number.	are required to respond to a collection	on of information unless it contains
DEGLADATION FOR LITH ITY OR	Attorney Docket Number	38-21(52258)B
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	Carl Frederick Behr
PATENT APPLICATION	COMPLETE	F KNOWN
(37 CFR 1.63)	Application Number	
	Filing Date	
☐ Declaration ☐ Declaration ☐ Submitted OR Submitted after Initial	Group Art Unit	
with Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	Examiner Name	
Is attached hereto OR was filed on (MM/DD/YYYY)	e name is listed below) or an original med and for which a patent is sought Compositions and Met the Invention) as United States Applemended on (MM/DD/YYYY) ents of the above identified specifical	ication Number or PCT International (if applicable)

Please type a plus sign (+) inside this box -> +

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	ppy Attached?NO
		L			

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s) Filing Date (MM/DD/YYYY) 60/213,567 06/22/2000 60/240,014 10/13/2000 60/241,215 10/13/2000

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

PTO/SB/01 (12-97)

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box ->
--

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DE	CLA	RATIO	<u>N –</u>	<u> </u>	tilit	y or [)esiç	<u>ın</u>	Pate	nt /	App	licatio	n	
I hereby claim the benefit under 35 U.S C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.														
U	.S. Par	ent Applicat Numb		r PCT	Paren	t			ing Date /YYYY)			nt Patent N if applicat		
Additiona	al U.S or	PCT internation	al appl	ication r	numbers	are listed o	n a supple	emer	ital priority d	ata shee	et PTO/S	SB/02C attach	ed hereto.	
As a named inventor, I hereby appoint the following registered practioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Customer Number Place Customer Number OR										omer Code				
			<u> </u>] Regist		trationer(s)	name/regis	tratic	on number lis	ted belo	w L		stration	
	Nam			 		mber			Nam	e			mber	
See 1 in Addendum														
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto														
Direct all correspondence to X Customer Number or Bar Code Label 27161 OR Correspondence address below								ress below						
Name Gail Wuellner, Patent Department, Monsanto Company														
Address	800 N. Lindbergh Boulevard													
Address	Mail	Zone E2NA												
City	St. Lo	ouis					State	N	ΛО	ZIP	6316	57		
Country	USA			Te	elepho	ne (636)		826	5	Fax	(636	536) 737-6047		
Country USA Telephone (636) 737-6826 Fax (636) 737-6047 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.														
Name of Sole or First Inventor: A petition has been filed for this unsigned inventor								ntor						
Given Name (first and middle [if any])							Fami	ly <u>N</u> am	e or Su	rname				
Carl Frederick Behr								r						
Inventor's Signature		Call		, I	K	elm						Date	5/24/	
Residence: (City	Wildwood	<u> </u>		State	МО	Coun	try	US			Citizenship	US	
Post Office A	ddress	1431 Wel	lingt	on Vi	iew L	ane								
Post Office A	ddress			,										
City		Wildwood	State	МО	_	ZIP	6300	5		Cou	intry	US		
XAdditiona	linvento	rs are being na			12 511	pplement		_	nventor(s) s	heet(s	PTO/S	B/02A attac	hed heret	

P10/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if any:											
Given Nan	Given Name (first and middle [if any]) Family Name or Surname										
Gregory R. Heck											
Inventor's Signature	Thurs	12	1/	re.			5.	Date	1		
Residence: City	Crystal Lake Park	State	WO	Co	untry	JS	c	itizenshi	p US	5	
	5,500, 2500, 400, 400, 400, 400, 400, 400, 400,										
Post Office Address Post Office Address											
	Crystal Lake Park	State	МО	1	ZIP 63	3131	Country	US			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any]) Family Name or Surname											
Catherine Hironak	Hironaka Hironaka										
Inventor's Signature								Date)		
Residence: City	Dublin	State	CA_	c	ountry	US		Citizens	ship	US	
Post Office Address	4727 Fawn Way										
Post Office Address											
City	Dublin	State	CA		ZIP	94568	Count	try US			
Name of Additional Joint Inventor, if any:											
Given Name (first and middle [if any]) Family Name or Surname											
Jinsong	nsong You										
Inventor's Signature	Jinsury (for				T		Dat	e	5/2401	
Residence: City	Ballwin \	State	МО	c	ountry	US		Citizer	ship	China	
Post Office Address	1685 Carman Mill Driv	ve									
Post Office Address									<u> </u>		
City	Ballwin	State	МО		ZIP	63021	С	ountry	US		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Nar	Given Name (first and middle [if any]) Family Name or Surname										
Gregory R.			I	leck			<u>.</u>			ī	
Inventor's Signature									Date	_	
Residence: City	Crystal Lake Park	State	МО	C	ountry	US		Citi	izenship	US	3
	2200 Divor Drive										
Post Office Address											
City	Crystal Lake Park	State	МО		ZIP 6	3131	Coun	try [JS		
Name of Additional Joint Inventor, if any:											
Given Name (first and middle [if any]) Family Name or Surname											
Catherine Hironaka Hironaka											
Inventor's Signature	Catherine	huri	ma	en)			٤	5/22/0 Date	71	
Residence: City	Dublin	State		- 1	ountry	US			Citizensh	ip	US
Post Office Address	4727 Fawn Way										
Post Office Address											
City	Dublin	State	CA		ZIP	94568	Co	untry	US		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any]) Family Name or Surname											
Jinsong				You				<u> </u>			
Inventor's Signature						 		\dashv	Date		
Residence: City	Ballwin	State	МО		Country	US			Citizensl	nip	China
Post Office Address	1685 Carman Mill Dri	ve									
Post Office Address	5			·			Т			_	
City	Ballwin	State	мо		ZIP	63021		Cou	intry U	IS	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.